

Louisiana Viral Hepatitis Strategic Plan

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Executive Summary

In January 2002, Louisiana was awarded a \$20,000 grant through the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention in order to develop a statewide strategic plan for viral hepatitis. In working toward that end, the viral hepatitis coordinator has established collaborative relationships with the state HIV/AIDS, Immunization and STD programs and viral hepatitis community based organizations. In order to produce the written plan for Louisiana, statewide collaborations and meetings to address prevention strategies have been coordinated.

In efforts to implement the most effective preventive interventions, the project coordinators will assess and evaluate activities implemented at local STD/HIV clinics.

In Louisiana, there were 2,000 new infections of HBV and 1,000 new infections of HCV during the year 2000. During the same time frame, the state reported there 20,000 chronic HBV clients and 68,000 chronic HCV clients. Due to the high rate of chronic HBV and HCV clients seen at HIV/AIDS program sites, STD clinics, substance abuse treatment centers and detention facilities are at high risk for a viral hepatitis infection. There is a great potential for promotion of viral hepatitis education and risk reduction within these sites. Moreover, vaccination of high-risk adults for hepatitis A and B is a highly efficacious public health intervention, both for primary prevention of hepatitis A and B and secondary prevention of viral hepatitis infection. Intervention activities must target these facilities for educational training so that high-risk clients may have access to current viral hepatitis awareness/prevention activities. In accordance with the CDC's National Hepatitis C Prevention Survey and the American Liver Foundation guidelines for hepatitis integration, public health officials collaborated statewide to develop a strategic plan that will incorporate viral hepatitis education and training component into goals and objectives for the annual HIV/STD educational conference and the biannual HIV case manager training conferences.

A strategic committee was formed to initiate a collaborative campaign throughout the state to accomplish goals and the objectives of the state's plan for preventing and reducing the transmission of viral hepatitis. Moreover, interventions will target high-risk communities in efforts to increase awareness about viral hepatitis preventive services for clients visiting local public HIV/STD health units. In addition, viral hepatitis education and training will be available to clinical and public health staffs at STD clinics, parish health units, counseling and testing sites, and substance abuse treatment centers. Educational materials such as brochures and posters will also be distributed to these facilities.

During the past year, plans for providing viral hepatitis educational training to health care providers have been developed. In accordance with the strategic plan's educational and training objectives, health care providers throughout the state will be assessed regarding their present level of knowledge on hepatitis transmission, diagnostic testing, and medical treatment. Evaluation data will be valuable in measuring outcomes of program interventions. In order to identify which viral hepatitis prevention programs and control activities that are successful, the coordinators for STD/HIV programs will collaborate with key branches within the Department of Health and Hospitals and analyze data

collected from the hepatitis needs assessment. Results of the assessment will be analyzed and used to develop current and ongoing viral hepatitis training materials.

The goal of the Louisiana Viral Hepatitis Plan is to implement an approach to prevent and reduce the transmission of viral hepatitis and offer strategies to provide education, counseling, testing, vaccination, and medical referrals for the treatment of chronic hepatitis C cases and to increase immunizations against HAV and HBV. To achieve these efforts, the state is developing a plan that will promote awareness, education, counseling, treatment, and the prevention of hepatitis C. Furthermore, through collaborative efforts, it is the vision of the state to integrate viral hepatitis services into existing health care settings statewide in efforts to increase vaccinations for HAV and HBV, and reduce transmission of HCV through prevention.

The purpose of the Louisiana Viral Hepatitis Strategic Plan is to outline a comprehensive and integrated approach to prevent the spread of viral hepatitis amongst the state's most vulnerable populations, reduce the complications of the disease, and improve the health outcomes.

The five goals and objectives of the Louisiana Viral Hepatitis Strategic Plan are outline below.

Primary Prevention

Goal: Increase awareness about the disease and significantly reduce the number of new infections using effective primary preventive efforts.

Objectives:

- Develop and implement a statewide media campaign to increase awareness about hepatitis C and provide risk reduction information.
- Use complete epidemiological information (data from IDE, correctional facilities, blood banks, etc.) available to develop and implement specific education and prevention strategies directed at the high-risk populations.
- Integrate hepatitis C education, counseling, testing, offer HAV and HBV vaccinations, and referrals into existing relevant programs that serve at-risk and other vulnerable populations.

Secondary Prevention

Goal: Identify hepatitis C infected persons in the state and offer effective accessible referrals to management and rehabilitation services in efforts to prevent further complications of the disease.

Objectives:

- State policies should recommend the availability of hepatitis C counseling, testing, education, and case management referrals for those found to be infected, including HIV/AIDS, STD clients, and inmates at correctional facilities.
- State policies should ensure the availability of hepatitis C counseling, testing, and education of at-risk incarcerated populations served in the state and community-based programs and facilities.

- Comprehensive care provides hepatitis C screening, treatment, case management, patient education, substance abuse treatment, and other related services to appropriate persons regardless of financial status.

Education & Training for Professionals and the Public

Goal: To increase awareness through education and training in hepatitis C for health care professionals, policymakers, at-risk populations, hepatitis C-infected people, and the general public.

Objectives:

- Implement statewide comprehensive hepatitis C awareness and education campaigns.
- Provide statewide education and training for healthcare professionals working with hepatitis-C infected persons and at-risk populations.

Surveillance and Evaluation

Goal: Accurately monitor acute and chronic trends and evaluate the effectiveness of the state's prevention and medical activities to reduce transmission of hepatitis C.

Objectives:

- Make the Louisiana hepatitis C profile current and complete by identifying gaps in the health care and prioritizing those voids. More complete data will show where interventions are needed.
- Support and participate in the national research agenda on basic, clinical behavioral and prevention effectiveness sciences related to hepatitis C.

Long-Term Management

Goal: Provide services for persons living with hepatitis C such as rehabilitation, effective long-term management, and further medical assistance to slow the progression of the disease to improve the quality of life.

Objectives:

- Provide inclusive education and support training for long-term clinical management of hepatitis C to all health care providers.
- All health systems and facilities managing patients with liver disease offer patients and their families education about living with hepatitis C. Policies should ensure that patients are provided with assistance and treatment for co-morbidity.
- Assure continuity of care for hepatitis C patients who are transitioning to the community from incarceration.

1. Background

1.1. Viral Hepatitis

Viral Hepatitis is an infection of the liver that affects people from all walks of life regardless of age, race, gender, or sexual orientation. The Hepatitis A Virus (HAV) infection can cause an acute, flu-like illness with yellowing of the skin (jaundice), nausea and vomiting, fatigue, loss of appetite, abdominal pain, or diarrhea. HAV is spread when infected human feces is ingested. Symptoms are more severe in adults than in children, who often have no symptoms. Hepatitis B (HBV) infection can cause symptoms similar to HAV. Most adults fight off infection and have no long-term health problems. But in 5% of cases, it becomes chronic (lasting more than six months), and can then cause cirrhosis (scarring of the liver), liver cancer, and liver failure, resulting in 6,000 deaths per year in the U.S. HBV is spread through contact with infected body fluids or blood. More specifically, HBV can be transmitted through having sex with an infected person without using a condom, sharing needles, sharp exposure or needlesticks on the job, and from an infected mother during childbirth. Hepatitis C (HCV) infection persists in 85% of cases, and often has no symptoms until liver damage has occurred, many years after infection. It too can cause cirrhosis, liver cancer, and liver failure, and it is responsible for 8,000 to 10,000 deaths per year. HCV is spread through blood-to-blood contact (American Liver Foundation, 2003)

Before the discovery of HAV and HBV during the 1960s and the 1970s, patients with viral hepatitis were classified based on epidemiological studies as having either infectious (transmitted person to person by the fecal-oral route) or serum (transmitted by transfusion of blood products) hepatitis. When diagnostic tests for HAV and HBV infection were developed, HAV was found to be the major cause of infectious hepatitis and HBV was found to be the major cause of serum hepatitis. Hepatitis Delta Virus (HDV), which was discovered in 1977, is a defective virus requiring the presence of HBV in order to replicate. However, some patients with typical signs and symptoms of viral hepatitis did not have serologic markers of HAV, HBV or HDV infection and were categorized based on epidemiological characteristics as having either parenterally transmitted non-A, non-B hepatitis or enterically transmitted non-A, non-B hepatitis. During the past decade, two additional viruses have been discovered: hepatitis C virus (HCV) and hepatitis E virus (HEV). HCV is the major cause of parenterally transmitted non-A, non-B hepatitis. HEV is the major cause of enterically transmitted non-A, non-B hepatitis. In addition, some patients with typical symptoms of acute viral hepatitis do not have serologic markers of any of these types of viral hepatitis and can be classified as having non-ABCDE hepatitis (NCID, 2002).

1.2. U.S.

Hepatitis C (HCV) is the most common chronic blood-borne viral infection in the U.S. An estimated 3.9 million Americans have been infected with HCV. The Centers for Disease Control and Prevention (CDC) estimates that during the 1980s, an average of 242,000 new infections occurred each year. Since 1989, the annual number of new infections has declined by more than 80% to 36,000 by 1996. What is significant about the disease is that most of the people are chronically infected and may not be aware of

their infection because they are not clinically ill. Moreover, infected people serve as a source of transmission to others who are at risk for chronic liver disease or other HCV-related chronic diseases during the first two or more decades following initial infection (NCID, 2001)

National data indicate that HCV infection occurs among persons of all ages, but the highest incidence rate of acute hepatitis C is found among persons aged 20 to 39 years, and males predominate. African Americans and Whites have similar incidence rates of acute disease; persons of Hispanic ethnicity have higher rates. In the general population, the highest prevalence rates of HCV infection are found among persons aged 30 to 49 years, and among males. Unlike the racial/ethnic pattern of acute disease, African Americans have a substantially higher prevalence of HCV infection than do Whites.

Further epidemiological investigation reveals that the greatest variation in prevalence of HCV infection occurs among persons with different risk factors for infection (NCID, 2001).

1.3. Louisiana

Some important viral hepatitis trends were monitored in Louisiana. Recent data reflect a decrease in Hepatitis A (HAV) rate of 2.0 per 100,000 in 2001. Two populations that were significantly affected were the children age group 5-9 year olds and the young adult male group. The most at risk are the young children 0-4 years old and men who have sex with men. Some of the known risk factors for HAV transmission are household contacts, people living with an infected person, sexual contacts, living in a regional of high infection rates, men who have sex with men, injecting and non-injecting drug users.

The state saw a similar decline for hepatitis B infections. Recent data reflect a rate of 2.8 infections per 100,000 in 2001 with an estimated 5% of the population being infected. The age group distribution shows low rates among children and an increase among early adulthood males. Males reported being at higher risk due to intravascular drug abuse and homosexual contacts. Some other known risk factors for HBV include persons with multiple sex partners or diagnosis of a STD, men who have sex with men, sexual contacts of infected people, injection drug users, household contacts, infants born to infected mothers, immigrants from HBV infected areas, health care and public safety workers, and hemodialysis patients.

The number of hepatitis C (HCV) reports increased between 1998 and 2000. The increase may be the reflection of increased awareness and better reporting. Recent data show that that state rate is at 3.4 per 100,000 in 2001. In Louisiana, HCV accounts for approximately 1,000 (1.8% of the population) new cases per year with 150 deaths. Currently, state records report 80,000 are currently infected and 80% of those will develop chronic hepatitis and cirrhosis of the liver. Furthermore, HCV accounts for 20% of acute hepatitis and 30% of cirrhosis, end-stage liver disease, and liver cancer. Acute hepatitis cases reports increased fifty-five percent from 1998. The state rate is reported to be 1.3 times that of the national average. HCV risk factors are similar to those of HBV.

Other state data coincide with the national average reporting males were two times more likely to be infected than females and indicate that males and similarly, Blacks were two times more likely to be infected than Whites. The age group most significantly impacted

by the disease is clustered in the 35-44 year-old group that accounted for 42% of all reported cases in the state. Tattoos, intravenous drug use (IDU), and blood transfusions were the major risk factors reported by the state (LA Dept Health & Hospitals OPH/IDE Annual Report, 1999).

2. Existing Services

Historically, within the Office of Public Health, hepatitis activities have been conducted by various programs. The Immunization Program provides educational workshops, materials, and immunizations to high-risk individuals less than 19 years of age. During the year 2003, the agency will begin offering the vaccine to anyone who is identified as being in a high-risk category. Currently, STD clinics provide hepatitis B immunizations.

While Louisiana has a variety of programs and services impacting on hepatitis throughout the state, there is no statewide, coordinated, or integrated process for addressing hepatitis and its sequelae. Prior to the development of the Louisiana Hepatitis Plan, activities were conducted in order to define the problems, examine and define existing hepatitis program activities already in place in the state and identify areas of need. Information has been and will continue to be collected from a wide range of data sources throughout the state.

The Office of Public Health, Infectious Disease Epidemiology Section hired a Hepatitis C Coordinator with federal grant funds. The coordinator's role is to oversee hepatitis awareness and prevention activities. The hepatitis coordinator will take an active role in enhancing hepatitis interest/activities statewide. These activities in return will assist IDE in monitoring the disease trend, thus improving surveillance. IDE is responsible for the surveillance and investigation of infectious disease cases including hepatitis, as well as providing education and training. The IDE program also maintains a database of chronic hepatitis B and C cases since early 1990 and has data on over 20,000 and 6,000 unduplicated HCV and HBV cases, respectively.

During the past two years, an internal Hepatitis Strategic Plan Workgroup was established with staff from the HIV/AIDS, Immunizations, IDE, Sexually Transmitted Diseases, and Virology laboratory programs. The members of this Workgroup have a history of working closely together on a variety of projects including investigation and follow-up on vaccine preventable diseases, surveillance for emerging pathogens, special hepatitis screening and testing pilot projects, etc. Integration of a hepatitis program across all programs has been limited however. The HIV/AIDS and STD programs have recently begun to work with IDE in hepatitis activities and have identified the need for enhanced communication and coordination regarding hepatitis educational efforts. The focus of the core-working group was an assessment of the current status of hepatitis activities in Louisiana.

The Department of Corrections for the state implements a system for facilities to screen inmates for hepatitis and other infectious disease. Local parishes do not currently screen nor offer hepatitis services for inmates. The guidelines implemented by the DOC are utilized in the state-based facilities only. The state's protocol for viral hepatitis infected inmates covers both short and long-term incarceration. Short-term inmates are often referred to local health care clinics for medical follow-up such as Charity Hospital in New Orleans. Long-term incarceration requires treatment and evaluation by the medical director. There is a need to offer more effective resources for newly released inmates

upon their return to the community. For example, continuing medical rehabilitation for hepatitis C positive newly released inmates and offering HBV vaccination for those at risk for transmission. More hepatitis training is also needed for such facilities that seek to screen for hepatitis and provide preventive and medical intervention.

Other agencies such as the substance abuse shelters, private physicians and health care providers, and community-based organizations are interested in combating viral hepatitis in Louisiana. As public awareness increases, so does the need for more education and training increase among those who seek to intervene and prevent the transmission of the disease. Collaboration with such agencies will ensure integration of hepatitis activities into existing health care services.

3. Stakeholders & Description of Plan

The stakeholders for the hepatitis strategic plan will include the state's Office of Public Health (OPH). Representatives from OPH will include Infectious Disease Epidemiology, STD, HIV/AIDS, Immunizations, and the Virology Laboratory. Additional stakeholders include regional and local public health community authorities, clinicians, and infection control practitioners representing the state's 130 hospitals. Other stakeholders may include representatives from state correctional facilities, blood bank organizations, substance abuse centers, legislators and policymakers, private practice physicians, and individuals infected with hepatitis C advocating for awareness.

A list of stakeholders (public and private healthcare providers, community groups, state agencies, organizations, and others) has been developed and is updated as needed (see Appendix A). These individuals/groups have participated in an initial Hepatitis Coalition development meeting (see Appendix B for summary report of meeting). Further developmental meetings are needed to develop rules, by-laws, and financial support to maintain an executive director.

The Viral Hepatitis Strategic Plan is written to provide citizens, groups, and organizations in the state with the strategies to reduce the number of HCV infections and to ensure adequate services are offered to those afflicted with the disease and those who are at risk of being infected. The document will outline objectives to assist medical and public health agencies in implementing activities that will increase awareness and prevent transmission of hepatitis C. The Louisiana Hepatitis C Strategic Plan is intended to:

- Increase viral hepatitis awareness
- Give ideas about prevention and activities that can be implemented to reduce transmission and to identify current gaps in health care services
- Encourage support for integrating hepatitis programs into existing health care services

The state plan begins with a mission and the guiding principles. The guiding principles provide the objectives for addressing and meeting goals of the plan. The subsequent sections are entitled the Primary Prevention, Secondary Prevention, Education & Training, Surveillance and Evaluation, and Long-Term management and Rehabilitation. Within these sections are the objectives and action steps for addressing each level of prevention and strategies for implementing activities and programs.

4. Purpose & Vision

The goal of the Louisiana Viral Hepatitis Plan is to implement an approach to prevent and reduce the transmission of viral hepatitis and offer strategies to provide education, counseling, testing, vaccination, and medical referrals for the treatment of chronic hepatitis C cases and to increase immunizations against HAV and HBV. To achieve these efforts, the state is developing a plan that will promote awareness, education, counseling, treatment, and the prevention of hepatitis C. Furthermore, through collaborative efforts, it is the vision of the state to integrate viral hepatitis services into existing health care settings statewide in efforts to increase vaccinations for HAV and HBV, and reduce transmission of HCV through prevention.

4.1. Mission Statement

The purpose of the Louisiana Viral Hepatitis Strategic Plan is to outline a comprehensive and integrated approach to prevent the spread of viral hepatitis amongst the state's most vulnerable populations, reduce the complications of the disease, and improve the health outcomes.

4.2. Guiding Principles

The Louisiana Viral Hepatitis Strategic Plan is a list of coordinated strategies that will serve as a guide for the coalition in monitoring the progression and complications of viral hepatitis related illnesses and advocate for hepatitis C prevention, policies, and resources. The Louisiana Viral Hepatitis Strategic Plan planning group identified key principles important to achieving the mission in preventing the spread of HCV in Louisiana. The planning group is a collaborative effort among local, state, and private partnerships to provide comprehensive, science-based expertise in establishing hepatitis C services that will assure:

- Accessible hepatitis C counseling, screening, vaccinations, education, treatment, and preventive services are integrated within current health care programs for all persons in need
- Increase vaccinations for HAV and HBV
- Establishment of a strong hepatitis coalition
- Integrate viral hepatitis services into health care settings statewide
- Patients, health care providers, policy-makers in legislature, and the general public are aware about the virus and the implications
- Hepatitis C data are collected, analyzed, and disseminated to stakeholders
- Reduce the number of new hepatitis C infections and hepatitis C related illnesses

5. Primary Prevention

Primary prevention activities can reduce or eliminate potential risk for HAV, HBV, and HCV transmission from a) blood, blood components, and plasma derivatives; b) such high-risk activities as injecting-drug use and sex with multiple partners; and c) percutaneous exposures to blood in health care and other (i.e., tattooing and body piercing) settings. Immunization is not available; therefore, identifying persons at risk but not infected with HCV provides opportunity for counseling on how to reduce their risk for becoming infected.

Goal: Increase awareness about the disease and significantly reduce the number of new infections using effective primary preventive efforts.

Objectives:

1. Develop and implement a statewide media campaign to increase awareness about hepatitis C and provide risk reduction information.

Action Steps:

a) Committee will advise DHH on planning and implementing a statewide media Campaign (Year1)

b) Develop marketing, public relations, and advertising strategies using state epidemiological information available with proposals to implement information (Year 1)

c) Development of appropriate policy and legislation to support a hepatitis C media campaign (Year 1)

2. Use complete epidemiological information (data from IDE, correctional facilities, blood banks, etc.) available to develop and implement specific education and prevention strategies directed at the high-risk populations.

Action Steps:

a) Summarize all epidemiological data relevant to hepatitis to target primary prevention (Year 1-3)

b) Identify appropriate science-based prevention and risk reduction strategies and interventions for Louisiana populations (Years 1-3)

c) Provide guidance and technical assistance to local health jurisdictions on hepatitis prevention interventions (Years 1-3)

d) Use existing public agencies to target populations with hepatitis C prevention interventions (years 1-3)

e) Work with community organizations to provide prevention services in target populations (Years 1-3)

f) Identify gaps and advocate for the development of hepatitis C specific programs and

policies (Years 1-3)

3. Integrate hepatitis C education, counseling, testing, offer HAV and HBV vaccinations, and referrals into existing relevant programs that serve at-risk and other vulnerable populations.

Action Steps:

a) Promote the incorporation of hepatitis C prevention messages and interventions into existing HIV/AIDS, STD harm reduction, substance abuse, and mental health treatment programs wherever possible (Year 1-3)

b) Identify funding sources to support these services (Year 1-3)

c) Establish policies/procedures for program collaboration (year 1-3)

6. Secondary Prevention

Secondary prevention activities can reduce risks of chronic disease by identifying HCV-infected persons through diagnostic testing and by providing appropriate medical management and antiviral therapy. Because of the number of persons with chronic HCV infection, identification of these persons must be a major focus of current prevention programs. Identification of persons at risk for HCV infection provides opportunity for testing to determine their infection status, medical evaluation to determine their disease status if infected, and antiviral therapy if appropriate. Identification also provides infected persons opportunity to obtain information concerning how they can prevent further harm to their liver and prevent transmitting HCV to others.

The Centers for Disease Control and Prevention (CDC) recommends that hepatitis C testing should be routinely offered to people most likely to be infected and that testing should be accompanied by appropriate counseling and follow-up. Testing should be available for those wishing to know their hepatitis C status. Routine testing should be available to those who ever injected drugs, illegal drug users, person who received the clotting factor before 1987 or who received long term hemodialysis, recipients of transfusions or organ transplants before July 1992, health care workers after possible exposure to hepatitis C positive blood, persons incarcerated, and children born to hepatitis C positive women.

The Viral Hepatitis Strategic Plan outlines a framework that will enable infected individuals to receive immunizations for HAV and HBV and case management for the coordination of services. This outline will aid in developing standards for screening, treatment, and case management for public and private services in location ranging from physicians' offices, health department clinics to HIV, STD and other screening and testing agencies.

Goal: Identify hepatitis C infected persons in the state and offer effective accessible referrals to management and rehabilitation services in efforts to prevent further complications of the disease.

Objectives:

1. State policies should recommend the availability of hepatitis C counseling, testing, education, and case management referrals for those found to be infected, including HIV/AIDS, STD clients, and inmates at correctional facilities.

Action Steps:

- a) Review CDC's screening and testing guidelines. (Year 1)*
- b) Draft Louisiana-specific screening and testing and education guidelines that are consistent with the state's Hepatitis C Strategic Plan. (Year 1)*
- c) Incorporate hepatitis C screening and testing guidelines into state contracts (e.g. Louisiana managed care system). (Year 1)*
- d) Maintain community based activities to locate, screen, and test people who may be hepatitis C positive. (Year 2-3)*
- e) Assess the need for regulatory change necessary to implement objective. (Year 2)*
- f) Develop a list of resources in the communities that provide management and rehabilitation services (Year 1-3, ongoing)*

2. State policies should ensure the availability of hepatitis C counseling, testing, and education of at-risk incarcerated populations served in the state and community-based programs and facilities.

Action Steps:

- a) Review CDC's national prison guidelines for hepatitis C screening and testing. (Year 1)*
- b) Draft Louisiana-specific screening, testing, and education guidelines that are consistent with the Viral Hepatitis Strategic Plan. (Year -3)*
- c) Implement guidelines statewide. (Year 1-3)*
- d) Assess the need for regulatory change necessary to implement objective 2. (Year 1-3)*

3. Comprehensive care provides hepatitis C screening, treatment, case management, patient education, substance abuse treatment, and other related services to appropriate persons regardless of financial status.

Action Steps:

- a) Incorporate hepatitis C screening and counseling services and referral for persons found to be infected, into existing STD, HIV/AIDS, drug abuse, mental health, and primary care programs that reach both at-risk and general populations. (Year 1)*
- b) Develop and disseminate information relevant to medical standards for hepatitis C treatment and case management. (Year 2)*
- c) Develop case management standards for hepatitis C. (Year 2)*
- d) Educate physicians and other providers regarding the new hepatitis C medical and case management standards. (Year 2)*
- e) Encourage the incorporation of the comprehensive care model for hepatitis C,*

including case management, into public and private sector medical practice. (Year 3)

7. Education & Training for Professionals and the Public

Even though awareness about hepatitis and the complications of the disease have risen in the medical community and grassroots advocacies, there continues to be a significant need for further case-management information, education, and communication about the disease. Some of the reasons why education and training are important are:

- Many members of the public do not understand the differences between hepatitis A, B, and C;
- Some Louisianans may be unaware that they are hepatitis-C infected; others chronically C-infected may not know what steps they can take to improve their long term health care;
- The absence of available hepatitis information makes it difficult to motivate people to seek services;
- Many physicians are not current on hepatitis C screening, counseling, and treatment information;
- Health and social service professionals lack information about when to refer hepatitis C patients for support services, patient education, and financial assistance.

Trained personnel in public and private health-care settings should provide HCV-specific information and prevention messages to infected persons and individuals at risk. Health-education materials should include general information about HCV infection, risk factors for infection, transmission, disease progression, and treatment. Finally materials should also include detailed prevention messages appropriate for the population being tested. Written materials might also include information about community resources available for HCV-positive patients for medical evaluation and social support, as appropriate.

In addition to professional training and education, a statewide public education campaign will reach out to a more general audience. The campaign will raise awareness about hepatitis C and outline steps that can be taken to reduce the risk of acquiring or transmitting the disease. Furthermore, evaluations will monitor the implementation and the accomplishment of professional training and education and of the public awareness campaign. These evaluations will assess the extent to which strategic actions have been successful and highlight where changes in approach should be made.

Goal: To increase awareness through education and training in hepatitis C for health care professionals, policymakers, at-risk populations, hepatitis C-infected people, and the general public.

Objectives:

1. Implement statewide comprehensive hepatitis C awareness and education campaigns.

Action Steps:

- a) Assess current print and video materials on hepatitis C in public places such as libraries and universities. (Year 1)*
 - b) Encourage the production of up-to-date information on the disease as needed. (Year 1)*
 - c) Maintain and publicize a website for up-to-date educational and informational resources. (Year 1&2)*
 - d) Promote hepatitis C public awareness and educational campaigns consistent with assessment of other activities (Year 2)*
 - e) Use state supported surveillance data and reports to educate policymakers about hepatitis C. (Year 2)*
2. Provide statewide education and training for healthcare professionals working with hepatitis-C infected persons and at-risk populations.

Action Steps:

- a) Conduct statewide assessment of the need for hepatitis C education among health and community services professionals and students. (Year 1)*
- b) Coordinate statewide professional hepatitis C education and training to develop or adapt existing curricula appropriate to different audiences. (Year 2)*
- c) Ensure that program staff has access to hepatitis C education and training. (Year 2)*
- d. Ensure that hepatitis C training programs offer continuing education credit. (Year 2&3)*
- e) Promote evaluation of hepatitis C professional education and training. (Year 2&3)*
- f) Make hepatitis C education and training materials available, but not limited, to the following groups (Year 3):*
 - Health care professionals (Trainees and students)*
 - Health care and other program volunteers*
 - Staff of alcohol and drug treatment programs*
 - Outreach workers and other community based programs*
 - Management and frontline workers in correctional facilities*
 - Staff of organizations that work with the homeless*

8. Surveillance and Evaluation

8.1. Current State of Resources

The Hepatitis C Education, Prevention, Screening, and Treatment bill was passed by Louisiana legislature and has been signed into law but remains to be funded.

Infectious Disease Epidemiology (IDE) employs nine Disease Surveillance Specialists (DSS) and nine surveillance epidemiologists to conduct follow-up on cases of hepatitis, particularly with sensitive occupations and/or settings (HAV), to distinguish between acute and chronic cases (HCV & HBV), and to collect supplemental risk factor information for the CDC's Viral Hepatitis Case Record. Currently, the surveillance system is planning to develop and utilize an Access-based database that is being migrated to an integrated web-based system. A simplified parallel system allows for ad-hoc queries and calculation of rates. A registry of chronic B and C cases has been maintained since early 1990 and accounts for approximately 20,000 unduplicated HCV cases and 5,551 unduplicated HBV cases. These activities have allowed the preparation of a summary report of HCV registry data, a manuscript on hepatitis C and indicators of access to care that will be submitted for publication, the monthly Louisiana Morbidity Reports (LMRs), and the Annual Report. The latter two are available online at <http://www.dhh.state.la.us/oph/pub.htm>.

Louisiana is transitioning from the Reportable Disease Database (RDD) to the National Electronic Data Surveillance System (NEDSS). There are several advantages for implementing a nationwide surveillance system. NEDSS will allow more electronic data to be accurately managed. Increase in data shared is common among various public health enterprises. RDD and NEDSS are HIPAA compliant and will ensure the confidentiality of clients and provide the security for Internet exchange of information.

Upon implementing the state's plan, health care officials throughout Louisiana will be better equipped to assess significant trends in the spread of the disease. For example, a risk assessment survey is an effective tool that will allow for the collection of accurate data for those seeking treatment at various health care settings. As a result, through analysis, public health officials will be able to identify gaps in services for hepatitis patients, identify the risk-factors, determine if patient was offered counseling, track vaccinations, and follow-up medical referrals. Furthermore, more educational and training materials can be provided to health care professionals, correctional facilities, and the general public for quality management of the disease and public awareness.

The surveillance system is a tool for developing a comprehensive plan for monitoring viral hepatitis. Information ascertained by surveillance data can provide indicators for identifying trends in the disease, determining risk factors for infection, assessment of the impact of the disease, and identifying persons for counseling and medical follow-up. In addition, surveillance has been effective in establishing activities to decrease transmission among high-risk populations and offering education and counseling for future preventive efforts. Further analysis of the information obtained from surveillance data can also be used to conduct cost analysis for the treatment of the disease and for vaccine-laboratory delivering capacity.

In order to have effective surveillance and reporting of viral hepatitis, policies and procedures must be in place to support timely collection, analysis, and reporting of data from laboratories, hospitals, and physician offices. Some of the steps for obtain reliable and useful data are:

- Standardizing the procedures for reporting hepatitis C cases;
- Making hepatitis C a laboratory-reportable disease;
- Making sure that reported data are analyzed;
- Ensuring that interested people have access to hepatitis C data in useful form

Evaluation is critical in determining the success of the surveillance system. More will be understood and known about the impact of the disease in Louisiana after evaluating surveillance issues such as the risk factors, high-risk groups, and the overall burden of the disease. While current surveillance incorporates data from various reporting sources, future efforts will be focusing on standardizing the reporting process to ensure accurate assessment of data being shared.

Goal: Accurately monitor acute and chronic trends and evaluate the effectiveness of the state's prevention and medical activities to reduce transmission of hepatitis C.

Objectives:

1. Make the Louisiana hepatitis C profile current and complete by identifying gaps in the health care and prioritizing those voids. More complete data will show where interventions are needed.

Action Steps:

a) Analyze available surveillance data on hepatitis C in Louisiana in order to identify and prioritize data gaps to be addressed. (Year 1)

b) Develop a standard hepatitis C case history form, distribute it to all health jurisdictions, and ensure it is used. (Year 1)

c) State regulations to require reporting of hepatitis C by laboratories.

d) Establish plans for a hepatitis C case registry with the ability to track cases over time. (Year 1&2)

e) Compile and distribute a Louisiana-specific hepatitis C epidemiological profile. (Year 2)

2. Support and participate in the national research agenda on basic, clinical behavioral and prevention effectiveness sciences related to hepatitis C.

Action Steps:

a) Identify and collaborate with key federal and state agencies participating in hepatitis C research including the CDC, the National Institutes of Health, and the DOC. (Year 1-3)

b) Collaborate with other potential reporting sites to increase data sharing (Year 1-3)

9. Long-Term Management

Presently, most hepatitis C patients are seen in hospitals or specialty clinics by a gastroenterologist or a hepatologist. They offer combination therapy to patients who follow their directions and people with drug and alcohol problems are often excluded because of their dependencies. In prison or jail, there is often none or sporadic treatment.

An effective public health approach would be to include diagnosis and medical treatment by a general physician. Patients with drug and alcohol problems would receive attention and care for their dependencies along with medical care for their disease. Combination therapy could be provided as well as co-management of the drug and alcohol problem. There should also be a focus on treatment in jails, prisons, and juvenile facilities, and acute illnesses should be diagnosed and treated aggressively when possible. This approach would limit the public health threat of the disease and related conditions by treating the individual.

The improvement of the medical management and quality of life for persons living with hepatitis C, increases their chances of leading a healthy, satisfying, and economically productive life for as long as possible. An effective medical and rehabilitation system will reduce the likelihood that hepatitis C patients will develop complications of the disease or be vulnerable to other harmful conditions. It is especially important to implement such a system because hepatitis C most often manifests itself as a long-term chronic condition.

Goal: Provide services for persons living with hepatitis C such as rehabilitation, effective long-term management, and further medical assistance to slow the progression of the disease to improve the quality of life.

Objectives:

1. Provide inclusive education and support training for long-term clinical management of hepatitis C to all health care providers.

Action Steps:

a) Develop a curriculum on the long-term management of hepatitis C. (year 1)

b) Make use of the following for training and education (Year 2-3):

- *Teleconferencing*
- *On-site workshops, conferences, and grand rounds*
- *Develop a mentoring program to train clinicians*
- *Implement a telephone hotline*
- *Continuing education units for distance as well as on-site programs*

c). Train trainers and offer continuing education units in medical management and long-term needs of hepatitis C patients. (Year 3)

d) Distribute hepatitis C clinical management curriculum to public and private sector agencies that provide long-term services to hepatitis C patients and to institutions engaged in clinical training. (Year2)

e) Develop and distribute “model of care” to health care professionals

2. All health systems and facilities managing patients with liver disease offer patients and their families education about living with hepatitis C. Policies should ensure that patients are provided with assistance and treatment for co-morbidity.

Action Steps:

- a) Survey hepatitis C patients to determine their hepatitis C related long-term co-morbidity. (Year 1-2)*
- b) Design a curriculum to teach clinical and program staff how to assist hepatitis patients living with long-term co-morbidity. (Year 2)*
- c) Offer to all personnel in correctional facilities serving hepatitis C patients education about their co-morbidity. (Year 2-3)*

3. Assure continuity of care for hepatitis C patients who are transitioning to the community from incarceration.

Action Steps:

- a) Design a system for the transition and referral of hepatitis C patients from incarceration to the community such that physicians and clinics accept these patients, continue the treatment started in prison, and attend to their co-morbidity. (Year 1-2)*
- b) Train correctional facilities staff and community health care providers on how to implement the hepatitis C transition system. (Year 1-3)*

4. Encourage that services such as housing, employment, and social support are available to those with hepatitis C.

Action Steps:

- a) Advocate for comprehensive long-term services such as drug and medical coverage, job counseling, and housing for hepatitis C patients. (Year 1-3)*
- b) Evaluate the state's prevention and medical activities regarding long-term management for infected persons (Year 3)*

References

1. The American Liver Foundation. "What is Viral Hepatitis?" www.liverfoundation.org. 2003.
2. The American Liver Foundation. Hepatitis Integration Training Manual. 2002.
3. Centers for Disease Control and Prevention (CDC). U.S. DHHS, National Center for Infectious Diseases (NCID). Viral Hepatitis. www.cdc.gov. 2001.
4. Louisiana Department of Health and Hospitals, Office of Public Health. Infectious Disease Epidemiology Annual Report. Viral Hepatitis. 2002.
5. National Alliance of State and Territorial AIDS Directors. Viral Hepatitis and HIV/AIDS Integration: A Resource Guide for HIV/AIDS Programs. 2002.
6. Centers for Disease Control and Prevention (CDC). U.S. DHHS, National Center for Infectious Diseases (NCID). Hepatitis C- What Clinicians and Other Health Professionals Need To Know. 2001.

Appendices

Appendix A

List of Stakeholders

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